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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P06633US1-HUSS5202
First Named Inventor	John FLEMING, et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A BENT AXIS HYDROSTATIC UNIT WITH MULTIPLE YOKES

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: 34082 OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) <i>JOHN</i>	Family Name or Surname <i>FLEMING</i>
---	--

Inventor's Signature <i>John Fleming</i>	Date <i>21-Nov-2003</i>
---	-------------------------

Residence: City ANKENY	State IOWA	Country US	Citizenship US
----------------------------------	----------------------	----------------------	--------------------------

Mailing Address
3706 NW 2ND PLACE

City ANKENY	State IOWA	ZIP 50021	Country US
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) <i>SCOTT</i>	Family Name or Surname <i>MEYER</i>
--	--

Inventor's Signature <i>Scott Meyers</i>	Date <i>21-Nov-2003</i>
---	-------------------------

Residence: City AMES	State IOWA	Country US	Citizenship US
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Mailing Address
2525 EISENHOWER AVENUE

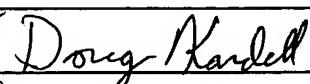
City AMES	State IOWA	ZIP 50010	Country US
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Additional inventors or a legal representative are being named on the **1** supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DOUG		KARDELL	
Inventor's Signature 	Date  21 Nov 2003		
GRIMES Residence: City	IOWA State	US Country	US Citizenship
404 CEDARWOOD Mailing Address			
Mailing Address			
GRIMES City	IOWA State	50111 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CHRISTOPHER P.		MASINI	
Inventor's Signature 	Date  21 Nov 2003		
AMES Residence: City	IOWA State	US Country	US Citizenship
2800 E. 13TH STREET Mailing Address			
Mailing Address			
AMES City	IOWA State	50010 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	John FLEMING, et al.
Title	A Bent Axis Hydrostatic Unit..
Art Unit	
Examiner Name	
Attorney Docket Number	P06633US1-HUS5202

I hereby appoint:

 Practitioners associated with the Customer Number:

34082

OR Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

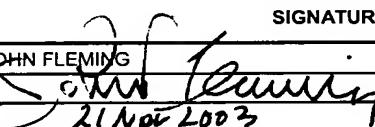
Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:**OR** The address associated with Customer Number:**OR**

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	JOHN FLEMING
Signature	
Date	21 Nov 2003
Telephone	515-239-6457

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 4 forms are submitted.

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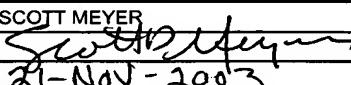
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<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
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Telephone	Fax	

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	SCOTT MEYER
Signature	
Date	21-Nov-2003
Telephone	4515-239-6582

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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<input type="checkbox"/>	Firm or Individual Name
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Address	
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Telephone	Fax

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	DOUG KARDELL
Signature	<i>Doug Kardell</i>
Date	21 Nov 2003
Telephone	515-239-6358

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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OR

<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
City		State
Country		Zip
Telephone		Fax

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	CHRISTOPHER P. MASINI
Signature	<i>Christopher P. Masini</i>
Date	✓ 21 Nov 2003
Telephone	✓ 515-239-6299

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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